PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

William F. AFTOORA

Docket No.:

WFA-1100

Serial No:

09/674,369

Examiner:

1761

Filed:

October 27, 2000

Group Art Unit:

Helen Pratt

For:

LIQUEFIED WATER SOLUBLE ACIDITY-REDUCING FORMULATION FOR

FOOD AND BEVERAGE PRODUCTS

MAIL STOP AF COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450



TRANSMITTAL SHEET

Enclosed are:

Transmittal Sheet with Certificate of Mailing and Authorization to Charge Deposit Account Response After Final (9 pages)

Patent Application Fee Determination Record (1 page)

Return Receipt Postcard

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Respectfully submitted.

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ct of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 09/674,369 OTHER THAN CLAIMS AS FILED - PART I SMALL ENTITY OR SMALL ENTITY (Column 2) (Column 1) FOR NUMBER FILED NUMBER EXTRA RATE FEE RATE FEE BASIC FEE \$ OR \$ (37 CFR 1.16(a)) TOTAL CLAIMS minus 20 =OR x \$ (37 CFR 1.16(c)) INDEPENDENT CLAIMS minus 3 = OR (37 CFR 1.16(b)) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) = OR **TOTAL** TOTAL * If the difference in column 1 is less then zero, enter "0" in column 2 OR OTHER THAN CLAIMS AS AMENDED - PART II SMALL ENTITY OR (Column 1) SMALL ENTITY (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER **PRESENT RATE** TIONAL RATE TIONAL **AFTER PREVIOUSLY EXTRA FEE** FEE AMENDMENT PAID FOR OR Total = 0 Minus x \$9 37 42 (37 CFR 1.16(c)) 0.00 OR Independent Minus 42 (37 CFR 1.16(b)) 9 0.00 0 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) ١.0 OR 0.00 TOTAL. TOTAL OR 0.00 ADDIT. FEE (Column 1) (Column 2) (Column 3) ADDIT. FEE **CLAIMS** HIGHEST ADDI-ADDI-REMAINING PRESENT NUMBER **RATE TIONAL** RATE TIONAL AFTER **PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total (37 CFR 1 16(c)) Minus = OR *** Independent Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER **PRESENT** RATE TIONAL RATE TIONAL AFTER **PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total (37 CFR 1.16(c)) Minus x S OR Independent Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL OR TOTAL * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". ADDIT. FEE

ADDIT. FEE